

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39756

BIRTH NO. _____		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 86	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Barry		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (in this place) 33 yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION 1000 E. Broadway	
a. STATE Missouri		b. COUNTY Barry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		d. STREET ADDRESS (If rural, give location) 1000 E. Broadway	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) WILLIAM		b. (Middle) C		c. (Last) McFADDEN		Date Dec 28 1950	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 26, 1883	
9. AGE (In years last birthday) 67		10. MONTHS 3		11. DAYS 2		12. IF UNDER 1 YEAR: Hours 0, Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Trainman		10b. KIND OF BUSINESS OR INDUSTRY Frisco RR		11. BIRTHPLACE (State or foreign country) Carbondale Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME McFadden		13b. MOTHER'S MAIDEN NAME Cornelia Bulley		14. NAME OF HUSBAND OR WIFE Minnie Harvey McFadden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Wm G McFadden			
18. CAUSE OF DEATH		18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease				I month	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-5-50, 19__, to 12-28-50, 19__, that I last saw the deceased alive on 12-28-50, 19__, and that death occurred at 7:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Frank T Kew M.D.				23b. ADDRESS Monett Mo		23c. DATE SIGNED 1/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 31, 1950		24c. NAME OF CEMETERY OR CREMATORY S.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Monett Missouri	
DATE REC'D BY LOCAL REG. 1-3-51		REGISTRAR'S SIGNATURE W. M. West		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mercer Funeral Home Monett Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 0 1951

Dist. File 151-99

Date Filed 1-10-51

JAN 17 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.